

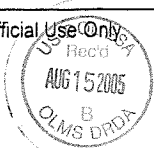
# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6582</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Edward E Barger</u> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <u>10874 Forges Rd</u> City <u>Johnston City</u> State <u>IL</u> ZIP Code + 4 <u>62851-3014</u>	4. Name, file number, and address of labor organization. Name <u>IBEW Local Union 702</u> Labor Organization File Number <u>022-643</u> P.O. Box, Building and Room Number, if any <input type="text"/> Street <u>106 North Monroe Street</u> City <u>West Frankfort</u> State <u>Illinois</u> ZIP Code + 4 <u>62896</u>
5. Position in labor organization. <u>Executive Board</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the signatory's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/9/2005

Date

618-988-8658

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

State  ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  Muehlenhausen and Stefani

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street  55 W. Wacker Drive, Suite 1200

City  Chicago

State  IL ZIP Code + 4  60601

14.a. Nature of payment.

Received one baseball  
ticket to St. Louis  
Cardinal game.

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$37.00

Name of Person Filing

Edward E. Barger

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9 Business deals with

☐ a Labor Organization☐ b. Trust☐ c. Employer

10. If 9 b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Muehlhausen and Stefani

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 55 W. Wacker Drive, Suite 600

City Chicago

State IL ZIP Code + 4 60601

14.a. Nature of payment.

Received one meal  
at IBEW Christmas  
luncheon

13.b. Is the Business an Employer ☐or Consultant ☒

?

14.b. Amount of payment.

\$ 29.95